

IMPACT FEES DETERMINATION

COMMERCIAL BUILDING

Form 11F C

Impact Permit # _____

Building Permit # _____

Date Stamp _____

A Applicant Information	Please Print: Job Street Address: _____ Legal Description: _____ Lot _____ Block _____ Subdivision _____				
	<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS (IF OUTSIDE CITY LIMITS SKIP TO SECTION D)				
B Land Use Type	(SEE LAND USE TABLE) <i>Failure to complete the "Land Use Type" section may delay processing time.</i> Previous Building Use: _____ New Building Use: _____ Name of Tenant: _____				
	Yes	No	New Gross Sq. Ft.	Original Gross Sq. Ft.	Remodel Area Sq. Ft.
New Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addition of Existing Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alteration to Existing Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is The Water Service : <input type="checkbox"/> An Existing Service With No Change <input type="checkbox"/> A Replacement Of An Existing Service. Size of Meter Replacement: _____ <input type="checkbox"/> A New Water Service Meter Size: _____					
C Exemption/Exclusion Claim #	Arterial Streets	Water System	Water Distribution	Wastewater	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Claim for exemption from impact fees L.M.C. reference (see back of form and attach documentation) Example a(1)					
D	I, the undersigned, understand and acknowledge that should a refund become due from this application, the refund payment shall be made payable to the fee payor listed below Fee Payor : _____ Address: _____ Street _____ City _____ State _____ Zip Code _____ I, the undersigned, also affirm that the above stated information is true and accurate. Company Name: _____ Mailing Address: _____ Street _____ City _____ State _____ Zip Code _____ Phone #: _____ Cell # _____ Fax # _____ Email Address: _____ Print Applicant Name: _____ Applicant Signature: _____ Date: _____				

PARCEL IDENTIFICATION # _____

Impact Fee Administrator Verification:

Comments: _____

Signature, Impact Fee Administrator

Date

Total Impact Fee: \$ _____

DEPARTMENT OF PUBLIC WORKS & UTILITIES

DEPARTMENT OF BUILDING & SAFETY

555 S 10TH ST. RM 203, LINCOLN, NE 68508

REV. 01/28/2005

Phone #: 402-441-7559